

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

CARE OF CHRONIC CONDITIONS

IHSC Directive: 03-03

ERO Directive Number: 11737.3

Federal Enterprise Architecture Number: 306-112-002b

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By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/

- 1. PURPOSE:** The purpose of this issuance is to set forth the policy and procedures for the delivery and administration of medical services to detainees with chronic medical conditions.
- 2. APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and civil service employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ.
- 3. AUTHORITIES AND REFERENCES:**
 - 3-1.** Title 8, Code of Federal Regulations, Section 235.3 (8 CFR 235.3), Inadmissible Aliens and Expedited Removal;
 - 3-2.** Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of Aliens for Physical and Mental Examination;
 - 3-3.** Title 8, Code of Federal Regulations, Section 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination;
 - 3-4.** Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons; and
 - 3-5.** Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252); Medical Examination of Aliens.
- 4. POLICY:** Health care staff refers detainees/residents, hereafter referred to as "detainees" with chronic health conditions to an appropriate medical provider. The medical provider will enroll the referred detainee in a chronic care program to decrease the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function. The health care provider will list

the chronic illness on the master problem list. The IHSC Medical Director or designated physician establishes and annually approves clinical protocols consistent with national clinical practice guidelines. Patients presenting with chronic conditions are evaluated as specified in IHSC Directive 03-07 *Health Assessment*.

- 4-1. Chronic Care Program Referral:** IHSC health care staff refers detainees for evaluation for the IHSC chronic care program. Only a physician, mid-level provider (MLP), clinical pharmacist (CP), dentist or qualified behavioral health provider (BHP) may authorize enrollment in the chronic care program. Clinician orders are evidenced-based and implemented in a timely manner. If a registered nurse (RN) suspects a detainee has a chronic condition during the intake screening process, the RN refers the detainee to a physician or MLP for a physical examination and for assessment and diagnosis of the potential chronic condition.
- 4-2. Categories of Chronic Care Programs:** Chronic care program conditions include, but are not limited to, the following: asthma, diabetes, high blood cholesterol, HIV, hypertension, seizure disorder, tuberculosis, sickle cell, and chronic mental illnesses.
- 4-3. Medical Chronic Care Program Assignment:** Health staff schedule a chronic care appointment for the detainee when a medical provider authorizes placement in the medical chronic care program. Health staff schedule appointments with providers, as necessary, based on the chronic care category and severity, in a timely manner to assure stability. The maximum length of time between visits and maximum duration of a medication prescription may not exceed 90 days. Documentation in the medical record confirms that clinicians are following chronic disease protocols by:
 - a. Determining the frequency of follow-up for medical evaluation based on disease control;
 - b. Monitoring the patient's condition (e.g., poor, fair, good) and status (e.g. stable, improving, deteriorating) and taking appropriate action to improve patient outcome, to include modifying treatment plans as clinically indicated by diagnostic tests and treatment results;
 - c. Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g. diet, exercise, medication) and reviewing diagnostic tests in a timely manner;
 - d. Instructing the detainee on diet, exercise, adaptation to the correctional environment, and medication; and
 - e. Clinically justifying any deviation from the protocol, and sharing this information with the detainee.

- 4-4. Mental Health Chronic Care Program Assignment:** Health staff schedule a mental health assessment by a BHP, physician or designee when a mental health condition or a concern is identified by any member of the health staff, the custody staff, or by the detainee.
- 4-5. Appointments for Mental Health Chronic Care Programs:** BHPs complete encounters for detainees/residents assigned to the Mental Health Chronic Care Programs and see them as often as necessary, based on the treatment plan established by the appropriate provider.
- a. **Monitoring of Detainees with Chronic Mental Illness:** The BHP monitors the functioning of detainees/residents identified with a chronic mental health diagnosis. The BHP completes encounters on detainees as often as needed, but at least once every 30 days. A physician or midlevel provider (MLP) will evaluate a detainee on psychotropic medication at least once every 30 days for management and medication renewal. A psychiatrist or physician will evaluate a detainee on psychotropic medication at minimum every 90 days.
- 4-6. Medical/Psychiatric Alerts:** Health care providers initiate a medical/psychiatric alert documenting the information required in the medical/psychiatric form (IHSC-834) or electronic health record equivalent on all detainees identified as having a chronic care condition. Health care personnel follow the initiation procedures of the medical/psychiatric alert process as outlined in directive 03-12: *Medical Psychiatric Alert*.
- 4-7. Chronic Care Treatment Plan:**
- a. A physician, MLP, CP or BHP develops a written care plan. Those detainees requiring closer monitoring for their chronic conditions are evaluated sooner until deemed stable. A medical provider will order baseline labs when chronic conditions are initially identified. Follow-up lab ordering will be done every three to six months, or sooner, as needed.
- b. A chronic care treatment plan for a detainee, which includes outside specialty consultation, will require approval for the outside consultation from the CD or designated physician on a case by case basis. The health care provider documents the treatment plan in the health record and shares the treatment plan, including test results, with the detainee in a timely manner.
- c. The health care provider seeks guidance and input into the detainee's treatment plan and intervention from the CD or designated physician on complex chronic care cases. The health care provider documents, as necessary, updates to the treatment plan in the health record.
- d. Upon return from a hospitalization, urgent care, or emergency

department visit, a medical provider sees the detainee to ensure proper implementation of the discharge orders and to arrange appropriate follow-up. Recommendations from specialty consultations are reviewed and acted upon by the medical provider in a timely manner.

- e. The dental staff complete care plans for the detainees/residents upon approval from the dentist. Dental staff review care plans with the detainee/resident during dental visits and update them based on urgency of need, resources, and prioritization of the detainee/resident in custody on an as needed basis.

4-8. Transfer or Release: The Health Services Administrator (HSA) coordinates with the Associate Field Office Director (AFOD) to ensure that health care providers provide information relevant to release, transfer or removal of any detainee/resident identified as having a chronic condition. Health care providers review the chronic care treatment plan, provide post-release instructions to the detainee/resident, and issue any medication required to maintain stability, consistent with the applicable detention standard.

5. PROCEDURES:

5-1. Identification of Detainees with Chronic Conditions: Health care providers document in the medical record the data required in the Chronic Disease Program Initial Baseline Medical Data (IHSC-847) and Chronic Disease Follow-up (IHSC-848) forms or electronic health record equivalents to track treatment plans.

- a. **Treatment Plan Review:** Health care providers review treatment plans with the detainee/resident every 90 days unless the required period for a recurring appointment is less than 90 days.
- b. **Housing and Special Needs:** The HSA works with the AFOD or designee to ensure the facility has the ability to accommodate the range of special needs that are present in the detention population. Health care providers coordinate with custody staff to utilize the various options in the facility to accommodate the detainee's/resident's condition. Health care providers document the information required in a Detainee Special Needs form (IHSC-819) or electronic health record equivalent for processing by custody staff. Special needs include, but are not limited to, placement in specific housing areas, accommodations in general population, or items that should be retained on the person to address a medical condition.

5-2. Chronic Disease Documentation: Health care providers complete an initial assessment of the detainee's/resident's chronic condition and document the assessment in the medical record.

- a. **Education:** Health care providers educate detainees/residents about their chronic condition. They provide written educational materials in a

language the detainee/resident understands. Information provided includes post-release information, if release is anticipated within the next 90 days, regarding continuing treatment.

- b. **Housing:** IHSC personnel coordinate with Enforcement and Removal Operations (ERO) personnel responsible for housing and disciplinary actions to determine any special requirements or needs that should be considered due to the detainee's/resident's condition. The HSA works with the AFOD or designee to advise of the need for accessible exercise areas to meet physical therapy and exercise requirements, if directed as part of the treatment plan.

5-3. Chronic Care Patient Tracking: The HSA or designee establishes and maintains a method of identifying patients with chronic care needs. The HSA and/or CD or designated physician ensures health staff maintain and monitor a list of detainees/residents with chronic conditions to ensure they receive appropriate recurring care.

Reporting: The HSA and/or CD or designated physician create and monitor a list of detainees/residents with significant health issues and include detainees/residents with significant issues in the reporting sent to the Regional Health Services Administrator (RHSA) and Unit Chief, Health Operations.

6. HISTORICAL NOTES: This directive replace 03-03, *Care of Chronic Conditions*, dated 2 March 2015. It adds information to policy statement (4), 4-1, 4-3 and 4-7. It also adds definitions.

- a. Section 4-4 clarifies that a physician may perform a mental health assessment instead of only the Clinical Director.
- b. Section 4-5a clarifies that a physician may also evaluate detainees on psychotropic medications at the 90 day chronic care visit.
- c. Section 4-5b is deleted.

7. DEFINITIONS:

Behavioral Health Providers. Behavioral health providers are psychiatrists, clinical psychologists, independently licensed social workers, psychiatric nurse practitioners or any other behavioral health professional who, by virtue of their license, education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

Chronic Disease. A chronic disease is an illness or condition that affects an individual's well-being for an extended interval, usually at least six months, and generally is not curable but can be managed to provide optimum functioning within any limitations the condition imposes on the individual. (PBNDs 2011 Glossary)

Chronic Care Clinic (Chronic Disease Program). Incorporates a treatment plan and regular clinic visits. The clinician monitors the patient's progress during clinic visits and, when necessary changes the treatment. The program also includes patient education for symptom management. (PBNDS 2011 Glossary)

Chronic Condition. A chronic condition is a condition persisting three months or longer. ([U.S. National Center for Health Statistics](#))

Clinical Pharmacist – Clinical pharmacists provide pharmaceutical care to patients by optimizing medication therapy and providing disease state management education. Clinical pharmacists may provide direct patient care under the auspices of a collaborative practice agreement with an on-site or remotely located physician. Clinical pharmacists have achieved either a doctoral degree in pharmacy or a bachelor's degree in pharmacy with either an additional certification in medication therapy management (MTM) or national board certification (BCPS, BCACP, etc.). (IHSC Operational Definition)

Medical Providers. Medical providers include physicians, physician assistants, nurse practitioners, and clinical pharmacists. (IHSC Operational Definition)

Mid-Level Providers. Mid-level providers are nurse practitioners (NPs) and physician assistants (PAs). (IHSC Operational Definition)

Special Needs Detainees. A detainee whose mental and/or physical condition requires different accommodations or arrangements than a general population detainee would receive. Special needs detainees include but are not limited to those who are emotionally disturbed, developmentally disabled, mentally ill, physically handicapped, chronically ill, disabled, or infirm and the drug and alcohol addicted. (PBNDS 2011 Glossary)

8. APPLICABLE STANDARDS:

8-1. Performance-Based National Detention Standards (PBNDS): Section 4.3, Medical Care.

8-2. ICE Family Residential Standards: 4.3 Medical Care.

8-3. American Correctional Association (ACA):

- a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition; 4-ALDF-4C-19, *Chronic Care*;
- b. Performance-Based Standards for Correctional Health Care in Adult Correctional Institution;
 - (1) 1HC-1A-16; and
 - (2) 1HC-1A-04.

8-4. National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails, 2014; J-G-01, *Chronic Disease Services*, and J-E-12, *Continuity and Coordination of Care during Incarceration*.

9. **RECORDKEEPING:** IHSC maintains detainee/resident health records as provided in the Alien Health Records System of Records Notice, 80 Fed. Reg. 239 (Jan. 5, 2015).

Protection of Health Records and Sensitive Personally Identifiable Information (PII).

- 9-1. Staff keeps all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff locks paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
- 9-2. Staff is trained at orientation and annually on the protection of a patient's medical information and Sensitive PII.
- 9-3. Only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.
- 9-4. Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at:
(b)(7)(E) [REDACTED]
when additional information is needed concerning safeguard sensitive PII.

10. **NO PRIVATE RIGHT STATEMENT:** This directive is an internal statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.